

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 MAY 23 A11:26

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		т Сівапу)	
NAME (Last)			
	(First)	(Middle)	TELEPHONE
Chong	Vanessa	Y.	(808) 522-5900
MAILING ADDRESS (Street)			FAX
P.O. Box 3410			(808) 522-5909
(City)	(State)	(Zip Code)	
Honolulu	. HI	96801	
EMPLOYING ORGANIZATION (Fill in o	nly if you are employed by a business entity whic	ch has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)		(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU	TELEPHONE		
American Civil Liberties U	(808) 522-5900		
MAILING ADDRESS (Street)	FAX		
P.O. Box 3410		(808) 522-5909	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Vanessa Y. Chong		(808) 522-5900	
MAILING ADDRESS (Street)		FAX	
P.O. Box 3410		(808) 522-5909	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

LREG 03/2005

PART III DESCRIPTION	N OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	V	
Agriculture	☐ Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	CIVIL RIGHTS CHILL HOBERTIES	
PART IV CERTIFICATION	ON OF LOBBYIST			
Thereby certify that th	ie information furnished above ,	e is, to the best of my knowled	ge, correct and complete.	
x (monay (how x 05/22/07				
	(Signatury of Lobbyist)		(Date)	
	ION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Vanessa Y. Chong				
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
American Civil Liberties Union of Hawaii			(808) 522-5900	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3410			(808) 522-5909	
(City)	(State)	(Zip Code)	
Honolulu			96801	
I hereby authorize the	above - named person to en	gage in lobbying activities on b	ehalf of the undersigned.	
(prinay Ching			05-18-07	
(Signature of Authorizing Officer or Person Represented)		ented)	(Date)	